

You are required to read the following information very carefully and make sure that you understand it fully and sign it before allowing your child or yourself to participate in Texas Public Service Association (TPSA) activities.

Indemnification And Hold Harmless Agreement

I, _____, am fully aware that participation in TPSA activities may result in risk of personal injury or harm to my child or myself.

I hereby agree to release and hold harmless the Texas Public Service Association its, officers, employees, volunteers, committees, boards, personnel, and etc from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law.

This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in or in connection with any such claim or proceeding brought thereon and in defense thereof.

I have read and understand this release, indemnification and hold harmless form. I voluntarily sign it and hereby give permission to the Texas Public Service Association for emergency transportation and/or treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify that my child is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this activity or program.

Medical Questionnaire

1. List all medications, prescriptions, and non-prescriptions that the student takes:

2. List all medical conditions (asthma, chronic headaches, dizziness, heart conditions, high blood pressure, back problems, broken bones, diabetes, etc.):

3. List all surgeries, medical procedures, or any ongoing treatment that might interfere with competition or TPSA activities:

4. List all other physical limitations or concerns:

My son/daughter/myself, _____, has permission to participate in all events registered for, and acknowledge that I have provided all pertinent medical information, and have read, understand, and agree to all of the releases as stated above.

Parent/Guardian Signature: _____ Date: _____
(Required if under 18)

Student Signature: _____ Date: _____